

EXPRESS MAIL NO.: ER 166094377 US

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF::

Title :: SYSTEM AND METHOD FOR THE
TREATMENT OF CANCER, INCLUDING
CANCERS OF THE CENTRAL NERVOUS
SYSTEM

Attorney Docket Number:: 67789-570

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?::

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Christopher
Middle Name::	
Family Name::	Wheeler
Name Suffix::	
City of Residence::	Newbury Park
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	471 Havenside Avenue
City of mailing address::	Newbury Park
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	91320

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Malaysia
Status::	Full Capacity
Given Name::	Asha
Middle Name::	
Family Name::	Das
Name Suffix::	

City of Residence:: Los Angeles
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 360 S. Burnside Avenue, #33-7A
City of mailing address:: Los Angeles
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90036

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Keith
Middle Name:: L.
Family Name:: Black
Name Suffix::
City of Residence:: Los Angeles
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1233 Roberto Lane
City of mailing address:: Los Angeles
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90077

Correspondence Information

Correspondence Customer Number:: **50670**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 213-633-6800

Fax Number: 213-633-6899

E-Mail address:: sethlevy@dwt.com

Representative Information

Representative Customer Number::		50670
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/034761	10/20/04
PCT/US04/034761	An application claiming the benefit under 35 USC 119(e)	60/513,040	10/21/03

Assignee Information

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	90048